

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 20052/1200521-US3	
In re Application of      Randolph J. Noelle et al.			
Application Number 09/849,969		Filed May 8, 2001	
For      TREATMENT OF T CELL MEDIATED AUTOIMMUNE DISORDERS			
Art Unit      1644		Examiner      P. Gambel	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$	
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$	
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$	
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$	
<input checked="" type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$	2,010.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number \_\_\_\_\_ 04-0100.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

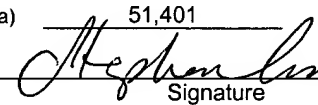
☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number \_\_\_\_\_

☒ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a)      51,401

\_\_\_\_\_  
Date

\_\_\_\_\_  
(212) 409-3790  
Telephone Number

  
Signature

\_\_\_\_\_  
Stephanie R. Amoroso, Ph.D.  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of      1      forms are submitted.

08/30/2004 SSITHIR1 00000122 09849969

02 FC:1255

2010.00 OP

Express Mail Label No. \_\_\_\_\_ Dated: \_\_\_\_\_